

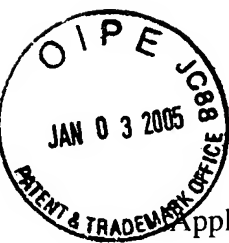
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/828,526	
	Filing Date	April 8, 2004	
	First Named Inventor	Harvey A. Schwertner	
	Art Unit	1743	
	Examiner Name	Maureen Wallenhorst	
Total Number of Pages in this Submission	5	Attorney Docket Number	AFD 490A

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts / Incomplete Application	<div>Remarks</div> <p>There is no fee associated with this filing.</p>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	FREDRIC L. SINDER
Signature	
Date	Dec. 29 2004

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	FREDRIC L. SINDER	Date December 30, 2004

IFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/828,526 Confirmation No. : 4313
Applicant(s) : Harvey A. Schwertner
Filed : April 8, 2004
TC/AU : 1743
Examiner : Maureen Wallenhorst
Docket No. : AFD 490A
Customer No. : 26902

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Notice of Non-Compliant Amendment of December 20, 2004, the following section is resubmitted:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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